

EXHIBIT 3



Millcreek
Community
Hospital

EMERGENCY ROOM / OUTPATIENT

MEDICAL RECORDS

AUTHORIZATION ON REVERSE SIDE PAT # 105553 HOUSE PHYSICIAN: FRERIE, PAUL D.D.

LAST NAME GREEN, TYRONE	FIRST NAME	MIDDLE NAME	HOME PHONE 756-9722	DATE AND TIME 082701 01:17pm	EMERGENCY ROOM NO. 139918
ADDRESS 10745 RT 18	CITY ALBION	STATE PA 16475	AGE 31	DATE OF BIRTH 01/23/70	SEX M
PATIENT'S EMPLOYER UNEMPLOYED	ADDRESS	COMPENSATION N	RELIGION S B	RES. AREA 99999	SOC. SEC. NO. (PAT/GUAR)
GUARANTOR'S EMPLOYER UNEMPLOYED	ADDRESS	PHONE			
GUARANTOR/NEAREST RELATIVE ALBION STATE PRISON GUARDIAN	ADDRESS 10745 RT 8 ALBION, PA 16401	PHONE 756-9772			
SUB NAME & REL. TO PATIENT	CLAIM - CERTIFICATE - I.D. NO. (H.I.C.)	GROUP NAME - NO.	F.C.	INS. CODE	
SUB NAME & REL. TO PATIENT	CLAIM - CERTIFICATE - I.D. NO. (H.I.C.)	GROUP NAME - NO.	F.C.	INS. CODE	

EMERGENCY ROOM ☒ OUTPATIENT ☐ FAMILY PHYSICIAN: BAKER, MARK D. D.D. BROUGHT BY: AMBULATORY

BRIEF HISTORY: CHIEF COMPLAINT: (IF ACCIDENT, STATE WHEN, WHERE, AND HOW INJURED) *Slipped coming out of Shower + Sustained*

ing to RT Hand 7/05 8/15/01 4

ALLERGIES: *NKA* LAST TETANUS TOXOID: *6549.7 93.53/29125/RT 706*

MEDICATIONS: *XRAY Sequence*

NURSE'S SIGNATURE: *[Signature]* NOTIFIED: *C: 706*

PHYSICIAN'S REPORT TIME EXAMINED: CONDITION ON ADMISSION:

PHYSICAL FINDINGS: *ORTHO NOTE: 31 yo RHD M, prisoner, fell 2 d ago + prison. Pain + swelling (RT) hand. XRay taken in prison (RT) ring finger MC + avulsion base small f. MC.*

PE: *(RT) hand swelling / painful*

Moves digits

(+) capillary refill

PHYSICIAN'S ORDER: *(+) NVT*

XRay: reviewed, as above

Imp: OFx /displaced (RT) ring finger prox MC

(2) Avulsion fx (RT) small finger MC base

TREATMENT/PROCEDURES	TIME	TEMP. R.O.A.	P	R
<i>Volar gutter splint</i>	<i>14:00</i>	<i>98.1</i>	<i>76</i>	<i>18</i>
<i>Sling</i>				
<i>F/U app. 9/5/01 @ 14:15</i>				
<i>2 Bunking</i>				

DIAGNOSIS:

RX GIVEN:

REFERRED TO:

☐ ADMIT ☐ DR. OFF ☐ TRANSFER ☐ HOME ☐ EXPIRED

CONDITION ON DISCHARGE:

D.O. *5-27-01* *1545* *Day*

FURTHER DISPOSITION: ATTENDING PHYSICIAN: DATE: TIME:

0000003

CONSENT FORM**MILLCREEK COMMUNITY HOSPITAL, 5515 PEACH STREET, ERIE, PA 16509**

CONSENT TO HOSPITAL CARE: THE UNDERSIGNED PATIENT PRESENTS HERSELF/HIMSELF FOR ADMISSION TO MILLCREEK COMMUNITY HOSPITAL ("HOSPITAL") OR EMERGENCY/OUTPATIENT CARE AND VOLUNTARILY CONSENTS TO THE RENDERING OF SUCH CARE, INCLUDING DIAGNOSTIC PROCEDURES AND MEDICAL TREATMENT, BY AUTHORIZED AGENTS AND EMPLOYEES OF THE HOSPITAL, AND BY ITS MEDICAL STAFF, OR THEIR DESIGNEES. THE UNDERSIGNED PATIENT ACKNOWLEDGES THAT NO GUARANTEES HAVE BEEN MADE AS TO THE EFFECT OF SUCH EXAMINATIONS OR TREATMENT ON MY CONDITION. DIAGNOSIS AND TREATMENT MAY, AT TIMES, INVOLVE DISCOMFORTS AND RISK OF INJURY. EACH PATIENT HAS THE RIGHT TO CONSENT TO, OR TO REFUSE, ANY PROPOSED PROCEDURE OR THERAPEUTIC COURSE. THE PATIENT'S HOSPITAL CARE IS DIRECTED BY HIS/HER ATTENDING PHYSICIAN. SINCE THE HOSPITAL IS A TEACHING HOSPITAL, PHYSICIANS, NURSES AND OTHER HEALTH CARE PROFESSIONALS IN TRAINING MAY ATTEND PATIENTS OR BE PRESENT DURING PATIENT CARE AS PART OF THEIR EDUCATION.

RELEASE OF INFORMATION: THE HOSPITAL MAY DISCLOSE PATIENT INFORMATION IT DEEMS APPROPRIATE TO ANY PERSONS OR CORPORATION WHICH IS OR MAY BE LIABLE UNDER A CONTRACT TO THE HOSPITAL OR TO THE PATIENT OR TO A FAMILY MEMBER OR EMPLOYER OF THE PATIENT FOR ALL OR PART OF THE HOSPITAL'S CHARGE. AT THE REQUEST OF THE PATIENT'S INSURANCE COMPANY OR OTHER PERSON OR COMPANY UNDER CONTRACT TO PAY ALL OR PART OF THE HOSPITAL'S CHARGES, THE MEDICAL RECORD WILL BE CONFIDENTIALLY REVIEWED BY PHYSICIANS OR THE DESIGNEES TO DETERMINE THE NEED FOR HOSPITALIZATION. PAYMENT BY THE INSURANCE COMPANY, OR OTHER PERSON UNDER OBLIGATION BY CONTRACT TO MAKE PAYMENT, MAY NOT BE MADE IF NO NEED FOR HOSPITALIZATION IS FOUND.

HOSPITAL ADMISSION: SHOULD A SURGICAL PROCEDURE BE PERFORMED ON AN ELECTIVE, EMERGENCY, OR OUTPATIENT BASIS, THE UNDERSIGNED PATIENT UNDERSTANDS THAT ADMISSION TO THE HOSPITAL AS AN INPATIENT FOLLOWING THIS PROCEDURE MAY IN SOME CIRCUMSTANCES BE DEEMED APPROPRIATE FOR OPTIMAL RECOVERY. IN THAT EVENT, THE UNDERSIGNED PATIENT AUTHORIZES THE HOSPITAL, ITS REPRESENTATIVES AND DESIGNATED PHYSICIANS, TO MAKE THAT DETERMINATION BASED ON THEIR BEST PROFESSIONAL JUDGMENT AND TO ADMIT THE UNDERSIGNED PATIENT TO THE HOSPITAL.

THE UNDERSIGNED CERTIFIES THAT HE/SHE HAS READ THE FOREGOING CONSENT OR THAT THE FOREGOING CONSENT HAS BEEN READ TO HIM OR HER IN HIS PRIMARY LANGUAGE AND HAS BEEN EXPLAINED, AND THAT THE UNDERSIGNED IS SATISFIED THAT HE/SHE UNDERSTANDS THE CONTENT AND SIGNIFICANCE OF THE FOREGOING.

(X) [Signature]
(PATIENT SIGNATURE)

X08-27-01
(DATE)

AM / PM
TIME(CIRCLE ONE)

LB
(WITNESS)

BECAUSE THE PATIENT IS AN UNEMANCIPATED MINOR, OR IS UNABLE TO SIGN, THE ABOVE CONSENT IS GIVEN ON THE PATIENT'S BEHALF BY THE UNDERSIGNED.

(WITNESS)

X
(CLOSEST RELATIVE OR LEGAL GUARDIAN)

(DATE)

TIME(CIRCLE ONE)

(RELATIONSHIP TO PATIENT)

RESPONSIBILITY FOR DISCHARGE: I AM VOLUNTARILY LEAVING AND SIGNING OUT FROM THE MILLCREEK COMMUNITY HOSPITAL AGAINST THE ADVICE OF MY PHYSICIAN AND/OR THE MEDICAL STAFF. IN DEMANDING THIS DISCHARGE, I HEREBY RELEASE MY PHYSICIAN, THE HOSPITAL, AND ITS STAFF FROM ANY AND ALL RESPONSIBILITY.

(WITNESS)

(PATIENT SIGNATURE)

(DATE)

AM / PM
TIME(CIRCLE ONE)

I, _____, am taking, _____ from the Millcreek Community Hospital against the advice of his/her physician and/or the Medical Staff. In demanding this discharge, I hereby release his/her physician, the Hospital, and its staff from any and all responsibility for the care, treatment, or condition of the above named patient.

(WITNESS)

(SIGNATURE)

(DATE)

AM / PM
TIME(CIRCLE ONE)

(RELATIONSHIP TO PATIENT)

FORM 1110



5515 Peach Street • Erie, PA 16509 • 814/864-4031

**Millcreek
Community
Hospital**

Dear Patient:

As you are admitted to the hospital (In-patient, Out-patient surgery, or Emergency Room), Federal Law now requires us to ask you whether or not you have a written document called an "Advance Directive". This document can be a "Living Will" or "Durable Power of Attorney" which states your wishes for medical treatment should you become unable to participate in your medical care.

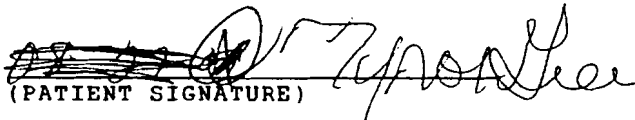
The brochure given to you on an inpatient admission better explains what Advance Directives are and how you are given the opportunity to complete an Advance Directive statement, should you so desire to.

You are not obligated to complete an Advance Directive statement. If you would like further information, please inform hospital personnel during your admission process. Someone from the Social Services Department or Nursing will be happy to see you.

We appreciate your comments and interest in this area. Please sign the statement below as requested. Thank you!

INFORMATION ON ADVANCE DIRECTIVES WAS PRESENTED TO ME AS
STATED ABOVE:

- ☐ I "DO" HAVE AN ADVANCE DIRECTIVE DOCUMENT WITH ME AT THIS TIME.
- ☐ I "DO" HAVE AN ADVANCE DIRECTIVE, BUT IT IS NOT WITH ME AT THIS TIME.
- ☒ I "DO NOT" HAVE AN ADVANCE DIRECTIVE DOCUMENT AT THIS TIME.
- ☐ I WOULD LIKE FURTHER INFORMATION ON COMPLETING AN ADVANCE DIRECTIVE AT THIS TIME.

 08-27-01
(PATIENT SIGNATURE) (DATE)

Providing total health care since 1950

FORM 1140

Name TYRONE GREEN
 Date 8/27/01

MILLCREEK COMMUNITY HOSPITAL
 5515 Peach Street
 Erie, PA 16509

ORTHOPEDIC INSTRUCTIONS

- ☒ Keep your cast/dressings clean and dry.
- ☒ Do not put anything inside your cast/dressings.
- ☐ Keep affected area elevated above your heart on soft pillows and iced for 48 hours and any time swelling occurs.
- ☒ Check toes and fingers frequently for swelling.
- ☒ Move toes and fingers frequently to prevent swelling and stiffening.
- ☐ Do not bear weight for _____ hours on a walking cast.
- ☐ Always wear cast boot when bearing weight on walking cast.
- ☒ Wear arm sling _____
- ☐ Use your crutches as directed and always bring them to every appointment.
- ☐ Never trim or cut down the length of your cast by yourself.
- ☒ Call Millcreek Community Hospital at (864-4031) if:
 - a. Pressure points or rubbing develops under your cast.
 - b. Your exposed body area (fingers or toes) becomes numb or cool.
 - c. Your cast softens, cracks, or breaks.
 - d. You experience a significant increase in pain.
- ☐ You have a prescription for _____ take _____
- ☐ You have a clinic appointment at the hospital at 14:15 AM/PM on 9/5/01.
- ☐ Call _____ (864-4031) at 8 AM on _____ at Millcreek Community Hospital to set up an appointment for that day with your Attending Orthopedist to be seen at the Hospital.
- ☐ Call the office (864-5455) today for an appointment for _____
- ☐ Your Attending Orthopedist is : _____
- ☐ No school until _____
- ☐ May return to school _____
- ☐ No Gym until released by Attending Orthopedist _____
- ☐ No work until released by Attending Orthopedist _____
- ☐ May return to work _____

☐ ADDITIONAL INSTRUCTIONS

Rest / Ice / Elevation

Form #630

0000006

Emergency Department Record

☐ Chart Complete

Time of Initial M.D./D.O. evaluation:

AM/PM Mode of arrival: ☐ Pvt. Auto ☐ Ambulance ☐ Police

PMD:

CC: Dictated ☐

Elements: location, quality, severity, duration, timing, context, modifying factors, and associated signs and symptoms

Bed Number:

HPI: Patient is a old with complaint of:

31 year old transferred from Illinois State Correctional Facility - Hx of falling 2 days ago
x-ray at prison revealed fracture

PMH: ☐ No serious illness ☐ Old chart reviewed (date): / / ☐ A-fib ☐ Appy. ☐ Asthma ☐ CABG ☐ CAD ☐ CHF ☐ Cholest. ☐ COPD ☐ CVA ☐ HTN ☐ Hyperchol. ☐ IDDM ☐ NIDDM ☐ MI ☐ PTCA ☐ Seizures ☐ TIA LMP: / /
Tetanus: yrs.

Meds: ☐ None ☒ Agree with triage listAllergies: ☒ NKDAChildhood immunizations: ☐ UTDFH: ☐ No related family hx

SOC: Tobacco:

ETOH:

Drugs:

Marital (circle): S M W D Occup:

Neg.	See HPI	REVIEW OF SYSTEMS (Circle Abnormals)	Neg.	See HPI	REVIEW OF SYSTEMS (Circle Abnormals)
<input checked="" type="checkbox"/>		CONST: fever - chills - wt. loss - weakness	<input checked="" type="checkbox"/>		MUSC: new bone or joint pain - back problems
<input checked="" type="checkbox"/>		EYES: acuity change	<input checked="" type="checkbox"/>		INTEG: skin lesions - rash
<input checked="" type="checkbox"/>		ENMT: hearing loss - earache - nasal drainage - sore throat	<input checked="" type="checkbox"/>		NEURO: syncope - focal weakness - HA - seizure - dizziness
<input checked="" type="checkbox"/>		RESP: SOB - cough - sputum - wheezing	<input checked="" type="checkbox"/>		PSYCH: prior psych hx - depression - anxiety
<input checked="" type="checkbox"/>		CV: chest pain - palpitations - PND - orthopnea	<input checked="" type="checkbox"/>		ENDO: polyuria - polydipsia
<input checked="" type="checkbox"/>		GI: nausea - vomiting - diarrhea - pain - melena - hematochezia	<input checked="" type="checkbox"/>		HEME/LYMPH: bruising - adenopathy
<input checked="" type="checkbox"/>		GU: dysuria - urgency - frequency - nocturia	<input checked="" type="checkbox"/>		ALLERGIC/IMMUNO: urticaria - hayfever

ROS Details:

☐ All Other Systems Negative☐ Complete History Unobtainable Due to:

PHYSICAL EXAMINATION

☐ PE limited by acuity☐ See ED course for further PE

CONST: ☐ vitals nl, see triage T: 98.1 BP: 130 / 70 HR: 76 RR: 18
☐ well-developed, well nourished ☒ alert ☐ no distress ☐ GCS 15 ☐ non-toxic ☒ age-appropriate behavior

Abnl/Other:

EYES: ☐ lids, conjunctiva nl ☐ PERLL, irises nl ☐ discs & fundi nl

Abnl/Other:

ENMT: ☐ ext. ears, nose nl ☐ TM's, canals nl ☐ hearing grossly intact ☐ nasal exam nl ☐ lips, teeth, gums, palate nl ☐ oropharynx nl

Abnl/Other:

NECK: ☐ neck supple, symmetric, no masses ☐ thyroid nl ☐ no JVD ☐ neck nontender ☐ full ROM w/o pain

Abnl/Other:

RESP.: ☒ respiratory effort nl ☐ clear to auscultation ☐ percussion nl ☐ palpation of chest nl ☐ chest symmetry & expansion nl

Abnl/Other:

CV: ☒ RRR; no murmur, gallop, rub Pulses: ☐ carotid nl ☐ abd. aorta nl ☐ femoral nl ☐ pedal nl ☐ no edema

Abnl/Other:

GI: ☐ no tenderness or mass ☐ liver & spleen nl ☐ no hernia ☐ rectal: no mass, HEME: ☐ +BS's ☐ nondistended ☐ no rebound/guarding

Abnl/Other:

GU: (male): ☐ scrotal contents nl ☐ penis nl ☐ prostate nl ☐ no CVA tenderness(female): ☐ ext. genitalia & vagina nl ☐ urethra nl ☐ bladder nl ☐ cervix nl ☐ uterus nl ☐ adnexa nl ☐ no CVA tenderness

Abnl/Other:

MUSC.: Normal extremities: ☐ All ☐ RUE ☐ LUE ☐ RLE ☐ LLE ☐ back nl ☐ pelvis & hips nl ☐ gait & station nl ☐ digits & nails nl

Abnl/Other:

diff. swelling @ head capillary refills intact
no neurological deficit

SKIN: ☐ inspection nl ☐ palpation nl ☐ well hydrated ☐ Wound recheck: healing without infection

Abnl/Other:

LYMPH: Normal nodes: ☐ cervical ☐ other:

Abnl/Other:

NEURO: ☐ CN II-XII intact ☐ DTR's symmetric ☐ sensory intact
☐ motor strength nl ☐ straight leg raises neg.

Abnl/Other:

PSYCH: ☐ judgement/insight nl ☐ oriented x 3 ☐ memory nl ☐ mood nl
☐ no delusions ☐ no hallucinations ☐ no suicidal/homicidal ideations

Abnl/Other:

ER-002 12/99

MEDICAL RECORDS

0000007

5



Milk Creek Community Hospital
5515 PEACH ST.
ERIE, PA 16509

All studies interpreted by ED Physician unless otherwise noted

MEDICAL DECISION MAKING									
Cardiac monitor: <input type="checkbox"/> Normal sinus rhythm <input type="checkbox"/> Other:									
12 lead EKG: <input type="checkbox"/> NSR, no ischemic changes <input type="checkbox"/> Other:									
Pulse Ox: % on <input type="checkbox"/> Normal <input type="checkbox"/> Low Pulse Ox 2: % on ABG: pH pO2 pCO2 HCO3									
Radiographs: <input type="checkbox"/> E.D. M.D./D.O. <input type="checkbox"/> Radiologist									
<input type="checkbox"/> E.D. M.D./D.O. <input type="checkbox"/> Radiologist									
CBC: <input type="checkbox"/> WNL <input type="checkbox"/> Abnormalities: CHEM: <input type="checkbox"/> WNL <input type="checkbox"/> Abnormalities: NA ALB LDH PT INR PTT									
WBC % Segs GLU K SGOT CK DIG									
HGB % Band BUN C02 ALK PH MB TOX									
HCT % Lymphs CR CA Bilirubin Amyl BLOOD ETOH									
PLT % Lymphs CR CA Bilirubin Amyl OTHER:									
UA: Stool guaiac: Positive/Negative Pregnancy: Positive/Negative									
ED Course, Procedures & Discussion: UNSTABLE Critical care time: minutes									
TIME									
X-ray									
① Fox proximal metacarpal 4th digit									
② small avulsion fox base 5th digit									
Time patient admitted to "Observation Status"									
Case discussed with:									
Time patient discharged from "Observation Status"									
<input type="checkbox"/> Other procedures by MD: IV / IVP Dye / NG Tube / Bladder Cath / Blood Draw									
PHYSICIAN ORDERS									
TIME	LAB / X-RAY / EKG	NOTED TIME	INITIAL	TIME	MEDS / TREATMENTS	NOTED TIME	INITIAL		
	<input type="checkbox"/> CBC <input type="checkbox"/> Met. Panel: (basic/comp.)				<input type="checkbox"/> IV:				
	<input type="checkbox"/> CXR (Port / 2V) <input type="checkbox"/> EKG				<input type="checkbox"/> Monitor <input type="checkbox"/> Pulse Oximetry				
	<input type="checkbox"/> UA (dip / lab) <input type="checkbox"/> CARDIAC PROFILE				<input type="checkbox"/> dt. .5cc IM				
	<input type="checkbox"/> PREGNANCY (serum / urine)								
	<input type="checkbox"/> PT <input type="checkbox"/> PTT <input type="checkbox"/> DIG.								
	<input type="checkbox"/> URINE TOX. <input type="checkbox"/> Blood Alcohol								
	<input type="checkbox"/> CT:								
	<input type="checkbox"/> ULTRASOUND:								
	Orthopedic consult								
IMPRESSION: ① Displaced fox proximal metacarpal 4th digit ② hand									
② small avulsion fox base 5th metacarpal ② hand									
DISPOSITION / AFTERCARE: Physician Signature: [Signature]									
Follow-up with Dr(s): in days.									
Meds:									
Other: <input type="checkbox"/> A.C. Sheets:									
AUTHORIZATION					CONDITION:				
The patient was provided service & care as necessary to determine if an emergency medical condition existed. After appropriate care was provided to stabilize the patient's condition, the Healthcare Service Plan (HSP) was contacted to request payment authorization for post stabilization care. Initial telephone contact with HSP was made at _____ AM/PM. The case was discussed with _____ from _____ (medical group) at _____ AM/PM by ER staff member _____					<input checked="" type="checkbox"/> Improved <input checked="" type="checkbox"/> Stable <input type="checkbox"/> Unstable <input type="checkbox"/> Critical				
Payment for post stabilization care was:									
<input type="checkbox"/> Authorized for: AUTH # _____									
<input type="checkbox"/> Not Authorized									
The patient was: <input type="checkbox"/> Discharged <input type="checkbox"/> Admitted to: _____									
<input type="checkbox"/> Unable to transfer to _____ condition.									
<input type="checkbox"/> Transferred to: _____ via _____									

ER-002 12/99

0000008

EXHIBIT 4

PHYSICIAN'S ORDERS

Inmate Name: *Green, Tyrone*Inmate Number: *EP4593*DOB: *1-23-70*Institution: *SCI Albion*

Drug Allergies:

*NKDA*Self-Medication Program ☐ Yes ☐ No

Date/ Military Time	Prob #	DO NOT USE THIS SHEET UNLESS A RED NUMBER SHOWS
<i>7/19/01</i>	<i>3</i>	<i>Carbimazole 500mg bid x 14 days - given</i>
<i>1450</i>		<i>DO NOT USE THIS SHEET UNLESS A RED NUMBER SHOWS</i>
		<i>Dr. Mark Baker Medical Director</i>
<i>7/20/01</i>		<i>SMA 25</i>
<i>1315</i>	<i>B</i>	<i>EKG</i>
		<i>ANUS wound</i>
		<i>Dr. Mark Baker Medical Director</i>
		<i>JOHN PURVIS, RN</i>
		<i>DR. DAVID BASHLINE D.O.</i>
		<i>MARCIE KISH, RN II</i>

PLEASE USE BALL POINT PEN ONLY

①

③

PHYSICIAN'S ORDERS

Inmate Name: Green Tyne

Inmate Number: EP 458B

DOB: 1-23-70

Institution: Albin

NKDA

Drug Allergies:

Self-Medication Program ☐ Yes ☐ No

Date/ Military Time	Prob #	DO NOT USE THIS SHEET UNLESS A RED NUMBER SHOWS
9-20-01	419	xray (R) hand AP/LAT/oblique + no split
1100	9-21-01 1638	Susan Martin, LPN
9/21/01	C	DK Risperdal - not taking
1400		1 Xanax to 1mg po tid prn } x 60d
		Sinequan 50mg po hs
		RTC in 8 wks
		Angela Lindemuth, D.O.
1200		xray (R) hand AP/LAT/oblique OOS - done L. Night
10am	19	by fr base of small & ring finger in metacarpals
		RT hand
		DR. DAVID BASHIR
		DR. DAVID BASHIR
10/25/01	(1)	① shoulder flex irrigation + this in luk x 50mg qd
1300	(2)	② Velsco qtt to ea BID x 5d
	(3)	③ Tolnaftate 1% Cr apply BID x 30d
	(4)	④ Motrin 600mg po QID prn x 30d
		DR. DAVID BASHIR

PLEASE USE BALL POINT PEN ONLY

(4)

PHYSICIAN'S ORDERS

Inmate Name: Green, Tyrone

Inmate Number: EP4593

DOB: 1-23-70

Institution: SCI-Albion

Drug Allergies: NKDA

Self-Medication Program ☐ Yes ☐ No

Date/ Military Time	Prob #	DO NOT USE THIS SHEET UNLESS A RED NUMBER SHOWS
11/19/01 1000	C	<p>Xanax 1mg po tid prn } x 90d Sinequan 50mg po bid } RTC in 12 wks</p> <p>Angela Lindemuth, D.O.</p> <p>Sandra Malena, RN</p>
11-280 1505	C	<p>EKG - not due from 7/01 order</p> <p>Mr. Nims working 1 month</p> <p>11-28-01</p> <p>Medical Director</p>
2/11/02 1400	C	<p>Xanax 1mg po tid prn } x 90d Sinequan 50mg po bid } RTC in 12 wks</p> <p>Angela Lindemuth, D.O.</p>
3/18/02 1640	6	<p>Dibucaine 1% topical apply one daily per handwritten order in stack - may please give laball tube to pt</p> <p>Brenda Hale, RN II</p>

PLEASE USE BALL POINT PEN ONLY

⑤

PHYSICIAN'S ORDERS

Inmate Name: Green, Tyrone

Inmate Number: EP 4593

DOB: 1-23-70

Institution: SCI-Albion

Drug Allergies: NKDA

Self-Medication Program ☐ Yes ☐ No

Date/ Military Time	Prob #	DO NOT USE THIS SHEET UNLESS A RED NUMBER SHOWS
3/15/02 1345	(7)	LAB: LSPANE, CBC DR. DAVID DASHLINE 3-15-02 1630 D. Teleca PAC Richard [Signature] 3/15 1720
4/23/02 1255	8	Refer to Optometry (build telephonically) v/dt 4-24-02 v/dt Baker (12/1/02) BARBARA MONROE, RN 4/23-1235 BARBARA MONROE, RN 4/23/02 1255
5/17/02 1540	C	Xanax 1mg po tid prn Sinequan 50mg po hs } x 90d RT Cir 12 wks Angela Lindemuth, D.O. Susan Martin, LPN

PLEASE USE BALL POINT PEN ONLY

PHYSICIAN'S ORDERS

Inmate Name: Green, TyroneInmate Number: EP 4593DOB: 1-23-70Institution: SCI AlbionNK DA

Drug Allergies:

Self-Medication Program ☐ Yes ☐ No

Date/ Military Time	Prob #	DO NOT USE THIS SHEET UNLESS A RED NUMBER SHOWS
8/5/02		<p>Pres V K 500 — in 10 days — 40 dabs dispensed in 1st 10 days high cal soft diet x 30 days 8/5/02 — 9/5/02. Self for salt water x 28 days</p> <p><i>[Signature]</i> RALPH LUCAS, RN 8-3</p> <p><i>[Signature]</i> DR. LESLIE GORDON, DDS</p>
8/12/02	C	<p>Xanax 1mg po tid prn } Viatoril 50mg po bid prn } x 90d D/C Linequan RTC in 12 wks</p> <p><i>[Signature]</i> Angela Lindemuth, D.O.</p> <p>TOM HICKEY, RN</p> <p>8/14/02 13/5L</p>
9/3/02	9	<p>Mechanical soft diet x 90 days 9/2/02 — 12/2/02 Moullay Removable In is Solid — delivered in Dental Dept signed Health Care Plan Receipt</p> <p><i>[Signature]</i> DR. LESLIE GORDON, DDS</p> <p>PLEASE USE BALL POINT PEN ONLY</p> <p>9-3-02 1145 <i>[Signature]</i> Jean Oakes, RN ⑦</p>

PHYSICIAN'S ORDERS

Inmate Name: Green, Tyrone

Inmate Number: EP 4593

DOB: 1-23-70

Institution: SLI Albion

NKDA

Drug Allergies:

Self-Medication Program ☐ Yes ☐ No

Date/ Military Time	Prob #	DO NOT USE THIS SHEET UNLESS A RED NUMBER SHOWS
9-27-02 (10)	9	Tobacco smoke to apply BID x 30 d DR. DAVID CASHLINE D.O. <i>[Signature]</i>
		9/27/02 1400 Green BARBARA MONROE, RN
11/4/02 1400	CX 11	Xanax 1mg po tid prn } x 90d Vistaril 50mg po hs prn } RTC in 12 weeks Angela Lindemuth, D.O. <i>[Signature]</i>
		Elizabeth Barton, RN
12-20-02 135	19	Mom doing ptid food x 14 days <i>[Signature]</i>
12-21-02 12		135 12-21-02 Jodi Ebright, RN <i>[Signature]</i>
1/22/03 1105	(19) (25) (24)	(1) Cardiac Diet x 120 days (2) No work outside if temp < 32° (x 40 days) (3) Miconazole cream 2% qid thin layer bid to qm rash x 3 days (4) Corbata 1gm po qid tid prn (5) Mom doing po qid food - (6) Corbata N. Regis - please dispense 196911 tabs to PL 1-22-03 135 both x 30 days with 200-611

JODI EBRIGHT, LPM BALL POINT PEN ONLY

PHYSICIAN'S ORDERS

Inmate Name: Green, Tyrone

Inmate Number: EP 4593

DOB: 1-23-70

Institution: SCI Albion

Drug Allergies: NKDA

Self-Medication Program ☐ Yes ☐ NoDO NOT USE THIS SHEET
UNLESS A RED NUMBER SHOWSDate/
Military
TimeProb
#

2/3/03

C

1400

Xanax 1mg po tid prn }
 Vistaril 50mg po hs prn } x 90d
 RTC in 2 wks

[Signature]
 Angela L. Edmunds, D.O.

2/3/03 1730

[Signature]
 KATHARINE, RN

2-20-03

CH4

K90104 300p qid prn diarrhea x 14d

JOHN PURVIS, RN

1315

12

[Signature]
 2/21/21450

4-28-03

19

1715

[Signature]
 Carafate 1gm po QID } x 30 d
 21-28-03

DR. DAVID BASHLINE D.O.

[Signature]
 Susan Martin, LPN

5-27-03

C

084

① Xanax 1mg po tid prn anxiety
 ② Vistaril 50mg po HS prn anxiety

JAMES McDUFF, RN

5-27-03
131

PLEASE USE BALL POINT PEN ONLY

⑨

PHYSICIAN'S ORDERS

Inmate Name:

Green Tyroxe

Inmate Number:

EP4593

DOB:

1-23-76

Institution:

Sci Alton

Drug Allergies:

NKDA

Self-Medication Program ☐ Yes ☐ No

Date/ Military Time	Prob #	DO NOT USE THIS SHEET UNLESS A RED NUMBER SHOWS
5-27-03 0905	26	HIV test & pre + post test counseling w/ Dr Baker / <i>[Signature]</i> <i>[Signature]</i> 5/27/03 0905
6-10-03 1520	19	① Maken 600mg po qid <i>[Signature]</i> bath x 3 days ② Cefazolin 1gm po qid pm-tla 2 moken with Zosyn
6-11-03 1800	3	① Saline nasal spray 2 sprays 4x daily with qid x 3 days No over-the-counter Susan Martin, LPN <i>[Signature]</i> Dr. Mark Baker Medical Director
7-1-03 1530	3	① Xanax 1mg po tid in am/pm bath (Nark) ② Visibil Sory po HS in am/pm bath x 3 days Susan Martin, LPN <i>[Signature]</i> Dr. Mark Baker Medical Director
7-7-03 1340	49	1. LFT 7/14 then 8/14; 9/14 Griseofulvin 500mg po bid x 3 days with or without TAMMY MOWHY, <i>[Signature]</i> DON LUGOFF <i>[Signature]</i> 7/7/03 1342 Dr. Mark Baker Medical Director

PLEASE USE BALL POINT PEN ONLY

EXHIBIT 5

MEDICATION ADMINISTRATION RECORD

01/2001

(ALBI-283) ALBION CORRECTIONAL

DT01

EDICATIONS	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
PERDAL (RISPERIDONE) 1MG TAB 1 TABLET(S) BY MOUTH TWICE DAILY JUSTIFICATION APPROVED UNTIL 3.15.02 1613988 BASHLINE, D.O., DAVID, DO RT - 03/16/2001 STOP - 03/15/2002																																	
EPIN (SINEQUAN-ADAPIN) 50MG CAP 1 CAPSULE(S) BY MOUTH AT BEDTIME FOR DAYS 77 days 1966264 BESNER, PSYCH, LANCE, FY RT - 07/20/2001 STOP - 10/04/2001																																	
Xanax 1mg po BID pm x 77 days																																	
Motrin 800mg po QID x 240 pills																																	
9/25																																	
Ice to @ Wrist QID PRN 1ADP																																	
9/25																																	
Ice to @ Hand QID PRN																																	
9/27 x 48°																																	
Tylenol # 3 ÷ po QID PRN																																	
9/27 x severe pain x 3D																																	
IBuprofen 800 po TID ÷ Food PRN																																	
9/27 x moderate pain x 7D																																	

EDICATIONS	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE																																
ARTING FOR 08/01/2001 THROUGH 08/31/2001																																
Physician BESNER, PSYCH, LANCE																Telephone No.								Medical Record No.								
Physician																Alt. Telephone																
Allergies NO KNOWN DRUG ALLERGY																Rehabilitative Potential																
Diagnosis																																
Paid Number								Medicare Number								Complete Entries Checked:																
By:								Title:								Date:																
PATIENT CODE								ROOM NO.								BED								FACILITY CODE								

MEDICATION ADMINISTRATION RECORD

09/01/2001

(ALBI-253) ALBION CORRECTIONAL

STD01

MEDICATIONS	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
ISPERDAL (RISPERIDONE) 1MG TAB TAKE 1 TABLET(S) BY MOUTH TWICE DAILY JUSTIFICATION APPROVED UNTIL- 3.15.02 X: 1613988 BASHLINE, D.O., DAVID, DO START - 03/16/2001 STOP - 03/15/2002																															
OXEPIN (SINEQUAN-ADAPIN) 50MG CAP TAKE 1 CAPSULE(S) BY MOUTH AT BEDTIME FOR 0 DAYS 7-21 9-21 x60D																															
Xanax 1mg po BID 7/18 pm x7D																															
Ibuprofen 800mg po TID 2 hrs on Moderate pain x7D																															
XANAX 1mg PO TID PRN i-21 x60D																															

MEDICATIONS	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
-------------	------	---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----

NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE

ARTING FOR	09/01/2001	THROUGH	09/30/2001
Physician	BESNER, PSYCH, LANCE	Telephone No.	Medical Record No.
Physician		Alt. Telephone	
Notes	NO KNOWN DRUG ALLERGY	Rehabilitative Potential	
Address			
Medicare Number		Complete Entries Checked:	
By:		Title:	Date:
ENT		PATIENT CODE	RC
H. TYRONE		BED	FACILITY CODE

(ALBI-283) ALBION CORRECTIONAL

BED	FACILITY CODE
-----	---------------

④

EXHIBIT 6

SCI-ALBION
HEALTH CARE ITEM RECEIPT

NAME

Green Tyrone

DOC #

EP 4593On this date 8-26-01, I received the following item(s) from the

Health Care Services Department:

1.

Coch-up splint

2.

Acc Bandage.

3.

I am to keep this / these item(s)

☒

For

2

Days and return them on

8-28-01

or

☐

Permanently

This receipt must also be returned when bringing issued items back to the Health Care Department.
All items must be intact when returned.

Issuing Staff Member's Signature

Date

8-26-01

Inmate Signature

Issued item was returned on _____ and all pieces were / were not intact.

Receiving Staff Member's Signature

Date

ORIGINAL — Health Care Department

COPY — Inmate

EXHIBIT 7

ALBION

DC-456		COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS	
X-RAY REPORT			
NAME	GREEN, TYRONE	NUMBER	EP4593
X-RAY NUMBER	DOB 1-23-70	DATE OF X-RAY	9/21/01
		TECHNICIAN LH	
<input type="checkbox"/> TREATMENT <input type="checkbox"/> EXAMINATION		DETAILS: Rt hand (through splint)	
FOLLOWUP OF FX		PHYSICIAN BAKER	
REPORT	R HAND 3v: Comparison w/ prior films 8/27/01. F/u exam through an immobilizing splint shows anatomic alignment of fx fragments at base of R 4th metacarpal. Partial widening of fx line is related to early healing. F/u recommended. IMPRESSION: <u>Anatomic alignment.</u>		
	SS/dg 10/10/01	SS Sonja Schaffer, M.D.	
DATE OF REPORT	Dr. Mark Baker Medical Director		
White—MEDICAL RECORD	Canary—X-RAY FILE	Pink—RADIOLOGIST FILE	

DC-456		COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS	
X-RAY REPORT			
NAME	GREEN, TYRONE	NUMBER	EP4593
X-RAY NUMBER	DOB 1-23-70	DATE OF X-RAY	8/27/01
		TECHNICIAN LH	
<input type="checkbox"/> TREATMENT <input type="checkbox"/> EXAMINATION		DETAILS: Rt hand	
Full getting out of shower 8/25/01 landing on Rt hand. Pain swelling 4-5 MP area R/O FX		BASH/INE PHYSICIAN	
REPORT	R HAND 3v: There is fx deformities including base of 4th metacarpal of indeterminate age. Soft tissue swelling is seen and I cannot exclude acute injury. Smoothly margined prob. old fragment at lateral aspect base of 5th metacarpal. IMPRESSION: Fx base of 4th metacarpal of indeterminate age. Clinical correlation recommended. Soft tissue swelling noted. Probable old chip fx base of 5th metacarpal.		
	HKS/dg 9/18/01	HKS Henry K. Smith, D.O.	
DATE OF REPORT	Dr. Mark Baker Medical Director		
White—MEDICAL RECORD	Canary—X-RAY FILE	Pink—RADIOLOGIST FILE	

DC-456		COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS	
X-RAY REPORT			
NAME GREEN, TYRONE	NUMBER EP4593	QUARTERS FA	
X-RAY NUMBER DOB 1-23-70	DATE OF X-RAY 10/12/01	TECHNICIAN LH	
<input type="checkbox"/> TREATMENT <input type="checkbox"/> EXAMINATION DETAILS:			
RT hand		X-Ray done out of splint per DR FERRELLI	
		PHYSICIAN BAKER	
REPORT	RIGHT HAND (3v): Compared to previous films from 9/21/01. There is progressive moderately advanced healed fractures of the base of the 4th and 5th metacarpals.		
IMPRESSION; Moderately advanced healed fractures.			
HKS/pjt DATE OF REPORT 10/13/01		Henry K. Smith, D.O. A Dr. Mark Baker Medical Director	
White—MEDICAL RECORD		Canary—X-RAY FILE	

Diagnostic Stamp
 Practitioner **(M)**
 Date **12/6**
 Time **1450**
 D. A N **NCS**
 Abnormal Normal Not
 (Requires A BOENTGENOLOGIST Clinically
 Significant
 See Note

3/4/04

EXT-13

(6)

DC-456
(REVISED 1/2003)COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS

X-RAY REPORT

Inmate Name: Green, TyroneInmate Number: EP 4593DOB: 1-23-70Facility: HunPHYSICIAN: AranedaDATE: 3-18-04☐ STAT☒ ROUTINEDATE TO BE DONE: 3/19/04

EXAMINATION REQUESTED

x-rays Rt. wrist & Rt. hand

REASON FOR EXAM

No fx 4th & 5th MCX 2 yrs ago.pain - no new trauma

REPORT

GREEN, TYRONE EP4593 SCI HUNTINGDON

RIGHT HAND- Routine views of the right hand are compared to prior study from 10-12-03. There is mild deformity at the base of the 4th metacarpal bone consistent with healed fracture at this location. There are no new or acute fractures. A small non united boney density at the base of the 5th metacarpus may also be related to prior trauma. The bones are otherwise intact and the joint spaces are well preserved. There is mild soft tissue swelling noted.

IMPRESSION- There is evidence of prior injury as noted; no acute fracture or significant deformity. No significant arthritic changes.

RIGHT WRIST- Old healed fracture of the base of the 4th metacarpus is again noted. There is no acute fracture, subluxation or deformity. The carpal bones are intact.

Peter G. Gregory, MD

03/22/04 lag

DATE OF REPORT

ROENTGENOLOGIST

DIAGNOSTIC STUDY STAMP

PRACTITIONER: LADATE: 3/29/04TIME: 16.00

A

N

(REQUIRES
DC-472 SOAP NOTE)

NORMAL

DR. ARANEDA, M.D.
NCS
NOT CLINICALLY
SIGNIFICANT

White - MEDICAL RECORD

Canary - X-RAY FILE

Pink - RADIOLOGIST FILE

(3)

EXHIBIT 8

CONSULTATION RECORD

Part A: Completed by referring facility:		Type of Consult: (Circle) <u>Initial</u> Follow-up On-Site <u>Off-Site</u> Telemedicine	
Referred to: <u>H. Anthony Smith / Mr. Tony Smith</u>	Referred by: <u>Dr. Mark Baker</u> Medical Director	Appt. Date/Time: <u>Mon 8/27/01</u>	
Specialty: <u>MCH Orthopedics</u>	Drug Sensitivity: <u>N/A</u>	Copies of relevant health information attached: (circle) Yes No	
Reason for Referral/ History of Present Illness/Injury: <u>Wrist</u> <u>② Hand Fx 8/25/01</u> <u>Fall getting out of shower</u> <u>② Hand down/injury</u>			
Treatment to Date/Current Medications and Significant Medication History: <u>X-ray ② minimally displaced Fx 4th metacarpal</u> <u>Proximally ② hand (closed) - to be R-2P</u> <u>Wds: R-2P by hand, X-ray by R-2P, Squeezing Sony PHS</u> <u>Dr. Mark Baker</u> <u>Medical Director</u> <u>Signature of Referring Physician</u> <u>8/27/01</u> <u>Telega PAC</u>			
Reviewed by Medical Director: (Circle) <u>Approval</u> Disapproval	Medical Director Signature:	Date:	Forwarded to UR (Date):
UR Decision: (Circle) <u>Approval</u> Disapproval	Date:		
Part B: To be completed by consulting Physician and returned with officer to the institution:			
<p>ORTHO NOTE: Pain + swelling <u>②</u> hand 8/27/01</p> <p>X-ray: <u>+</u> Fx <u>②</u> Ring / small finger metacarpals</p> <p>Impression: <u>+</u> Fx <u>②</u> Ring / small finger metacarpals</p> <p>Plan: Ulcer gutter splint <u>②</u> forearm + hand</p> <p>Will follow up in ortho clinic 9/5/01 2:15 PM</p> <p>Rest/ice/elevate sling. Keep splint dry.</p> <p><u>Benlin J</u> ORTHO</p>			
Signature of Medical Director Date/Time		Signature of Consulting Physician Date/Time	

Consultation Record
Commonwealth of Pennsylvania
Department of Corrections
DC-441
(Revised 1-01)

Inmate Name:

Inmate Number:

DOB:

Facility:

Green, Tyrone
EP4593
1/23/70

Dr. Mark Baker
Medical Director

CONSULTATION RECORD

Part A: Completed by referring facility:		Type of Consult: (Circle) <u>Initial</u> Follow-up <u>On-Site</u> Off-Site Telemedicine	
Referred to: <i>X-rays</i>	Referred by: <i>Bashline</i>	Appt Date/Time: <i>8-27-01</i>	
Specialty:	Drug Sensitivity: <i>NKDA-</i>	Copies of relevant health information attached: (circle) Yes No	
Reason for Referral/ History of Present Illness/Injury: <i>X-ray - Rt hand</i>			
Treatment to Date/Current Medications and Significant Medication History: <i>Fall getting out of shower 8-25 standing on Rt hand - Pain swelling 4-5 MP area - R/O FX</i> <div style="text-align: right;">DR. DAVID BASHLINE D.O. <i>[Signature]</i> <i>8-26-01</i> Signature of Referring Physician Date</div>			
Reviewed by Medical Director: (Circle)	Approval	Disapproval	Forwarded to UR (Date):
Medical Director Signature:	Date:		
UR Decision: (Circle)	Approval	Disapproval	Date:
Part B: To be completed by consulting Physician and returned with officer to the institution:			
<div style="text-align: center;"> <i>DONE 8/27/01 @ 0945</i> <i>late add on - not on x-ray callout</i> <i>LINDA HELGERT, R.T.</i> </div>			
Signature of Medical Director Date/Time		Signature of Consulting Physician Date/Time	

Inmate Name:

Inmate Number:

DOB:

Greene, T. Jones
EP 4593
1-23-70
(2) 8/27/01

FA

No. _____

CONSULTATION RECORD

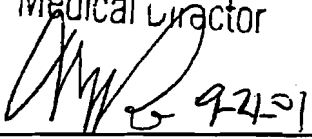
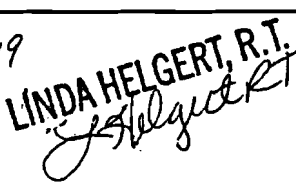
Part A: To be completed by referring institution:		Type of Consult: <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Follow-up <input type="checkbox"/> On-Site <input checked="" type="checkbox"/> Off-Site
Dr. Tony Ferretti 5451 Peach St. Erie, PA 16509	Referred by: (physician name) Dr. Mark Baker Medical Director	Appt. Date: Fri 9/14/01
		Appt. Time:
Specialty: Orthopedics		
Drug Sensitivity: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Specify)		
Copies of lab and X-ray results attached? Yes No If yes, specify:		
Reason for Referral: JN at 9-51 1415 hr gnd sp @ 4h + 5h medical Gs		
History of Injury/Problem:		Date of Onset: (P-24) - 6:15 PM 9-15-01
Treatment to Date/Current Medications and Significant Medication History:		
<p>Dr. Mark Baker Medical Director</p> <p>Signature of Referring Physician _____ Date _____</p>		
<input type="checkbox"/> Approval <input type="checkbox"/> Disapproval Medical Director Signature: _____ Date: _____		
Transmittal Date:		Transmitted By:
Approval Date:		Approved By:
Part B: To be completed by consulting Physician and returned with officer to the institution:		
Diagnosis and Recommendations: No Show - Ref offsite Ortho clinic @ MCH. Rebecca Gould R. Y. Gould Clinical Specialist		
Signature of Consulting Physician _____		Date _____

Consultation Record
Commonwealth of Pennsylvania
Department of Corrections
DC-441

Inmate Name: Gary T. [unclear]
Inmate Number: 64593
DOB: 1-23-7
Institution: SCI Alb
③

(FH) 9-14-01

CONSULTATION RECORD

Part A: Completed by referring facility:		Type of Consult: (Circle) Initial Follow-up On-Site Off-Site Telemedicine			
Referred to: <i>X-ray</i>	Referred by: <i>D Baker</i>	Appt. Date/Time:			
Specialty: <i>ortho</i>	Drug Sensitivity:	Copies of relevant health information attached: (circle) Yes No			
Reason for Referral/ History of Present Illness/Injury: <i>Ⓟ hand</i> <i>AP/LAT/oblique through splint</i>					
Treatment to Date/Current Medications and Significant Medication History: <div style="text-align: right;"> <i>Dr. Mark Baker</i> <i>Medical Director</i>  Signature of Referring Physician Date </div>					
Reviewed by Medical Director: (Circle)	Approval	Disapproval	Forwarded to UR (Date):		
Medical Director Signature:		Date:			
UR Decision: (Circle)	Approval	Disapproval	Date:		
Part B: To be completed by consulting Physician and returned with officer to the institution:					
<div style="text-align: center;"> <i>DONE 9/21/01 @ 1019</i> <i>late add on - not</i> <i>on x-ray callout</i> <i>LINDA HELGERT, R.T.</i>  </div>					
Signature of Medical Director Date/Time			Signature of Consulting Physician Date/Time		

Inmate Name: Greene, Tyrone
Inmate Number: EP 4593
DOB: 1-23-70
Race: African (B)

CONSULTATION RECORD

Part A: Completed by referring facility:		Type of Consult: (Circle) Initial Follow-up <u>On-Site</u> Off-Site Tele...	
Referred to: Dr. T. Ferretti - mch ortho clinic	Referred by: Dr. Bashline	Appt. Date/Time: Fri 10/12/01 0930	
Specialty: Ortho.	Drug Sensitivity: NKDA.	Copies of relevant health information attached: (circle) <u>Yes</u> No	
Reason for Referral/ History of Present Illness/Injury: Flu - S/P @ 4th & 5th metacarpal fx (8/27/01)			
Treatment to Date/Current Medications and Significant Medication History: Pt in ulnar gutter splint. Pt "No Show" 9/14 onsite clinic			
Reviewed by Medical Director: (Circle) <u>Approval</u> Disapproval		Forwarded to UR (Date):	
Medical Director Signature: <u>[Signature]</u> Date: <u>9-17-01</u>		Signature of Referring Physician: <u>[Signature]</u> Date: <u>9-14-01</u>	
UR Decision: (Circle) <u>Approval</u> Disapproval		Date:	
Part B: To be completed by consulting Physician and returned with officer to the institution:			
<p>9/20/01 Dr. Ferretti v.s. to perform AP/Lat/Oblique Xray thru splint & we will take to mch for review by Ortho Surg. Reschedule at 10/22/01 onsite clinic unless dictated necessary to be seen prior to that clinic. Will await Dr. Ferretti's orders. Arlene Bevan</p> <p><u>(R) hand</u>: Splint intact - had been removed as per <u>Arline Bevan</u> Site Administrator <u>HS</u></p> <p><u>elbow</u> - <u>fracture w/ articular surface</u> <u>metacarpal 2</u> <u>to symmetrical</u></p> <p><u>Palmar</u> <u>at</u> <u>top</u> <u>of</u> <u>radial</u> <u>ulna</u> <u>joint</u> <u>5th</u> <u>metacarpal</u> <u>fracture</u> <u>10/12/01</u></p>			
Signature of Medical Director Date/Time		Signature of Consulting Physician Date/Time	

Consultation Record
Commonwealth of Pennsylvania
Department of Corrections
DC-441 Mark Baker
(Revised 1-01)
Medical Director

Inmate Name: Greene, Tyrone
Inmate Number: EP 4593
DOB: 1/23/70
Filing: nikhil (6)

FA